

Fax Cover Sheet

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To: Susan C. Alimenti Fax No.: 703-872-9306

Re: Reply to Office Action of February 25, 2004

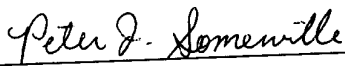
Application no: 10/661,301
Atty Docket No.: 02-090

No. of page(s) including this cover sheet: 69

Included in this telefax transmission are: Transmittal Sheet
Fee Transmittal Sheet
Petition for Extension of Time
Response (9 sheets)
Drawings (1 sheet)
Five Patents previously listed on the IDS (55 sheets)

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Peter J. Somerville

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PTO/SB/21-02-04

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/661 301
Filing Date	09/12/2003
First Named Inventor	James Anthony Maffei
Art Unit	3644
Examiner Name	Susan C. Alimenti
Attorney Docket Number	02-090

Total Number of Pages in This Submission **72**

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks
Re-sending via USPS the response that was transmitted on June 9, 2004.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Bohan, Mathers & Associates, LLC
Signature	<i>Patricia M. Mathers</i>
Date	August 19, 2004

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Typed or printed name	Peter J. Somerville	Date	August 19, 2004
Signature	<i>Peter J. Somerville</i>		

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